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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE e Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/018 160 Filing Date TRANSMITTAL 11-01-2001 First Named Inventor FORM Coffee Art Unit 1615 **Examiner Name** Oh, Simon J. (to be used for all correspondence after initial filing) Attorney Docket Number BER-3.2 050/4167 (13401) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer** below): Extension of Time Request PTO-2038; Return Recipt Post Card; Express Request for Refund Express Abandonment Request Mail Certificate CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Battelle Memorial Institute Signature Printed name William B. Richards Date Reg. No. 44,301 10-06-2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Date

10-06-2005

OCT 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Coffee

Application No.: 10/018,160

Group No. 1615

Filed: 11-01-2001 Examiner: OH, Simon J.

For:

Method and Apparatus for Manufacturing Dissolvable Tablets

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Date of Deposit	October 6, 2005	_

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Effective on 12/08/2004.				Complete if Kno				
Description of the Consoli		ations Act, 2005 (H.R. 4818).	Application Number	10/018,160				
FEE TH	RANS	MITTAL	Filing Date	11-01-2001				
Fo	r FY 2	005	First Named Invento	r Coffee				
			Examiner Name	Oh, Simon J.				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1615					
TOTAL AMOUNT OF PA	YMENT (\$	260.00	Attorney Docket No.	BER-3.2 050/41	67 (13401)			
METHOD OF PAYMEN	NT (check al	I that apply)						
17	Check ✓ Credit Card Money Order Other (please identify):							
1 — ·	Deposit Account Deposit Account Number: 021266 Deposit Account Name: Battelle Memorial Insti.							
For the above-iden	tified deposit	account, the Director is he	ereby authorized to: (ch	eck all that apply)				
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under 37 CF WARNING: Information on th	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorizatio				·				
FEE CALCULATION								
1. BASIC FILING, SEA								
	FILING	FEES SEA Small Entity	RCH FEES EX Small Entity	AMINATION FEES Small Entity				
Application Type	Fee (\$)	Fee (\$) Fee (ee (\$) Fee (\$)	Fees Paid (\$)			
Utility	300	150 500	250	200 100				
Design	200	100 100	50	130 65				
Plant	200	100 300	150	160 80				
Reissue	300	150 500	250	500 300				
Provisional	200	100 0	0	0 . 0				
	2. EXCESS CLAIM FEES Small Entity							
Fee Description Fach claim over 20 (including Reissues) Fee (\$) Fee (\$) 50 25								
	Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent		(mordamg reissues)		360	180			
Total Claims	Extra Clai	ms Fee (\$) Fe	e Paid (\$)		Dependent Claims			
20 or HP =		x=		Fee (\$)	Fee Paid (\$)			
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3. APPLICATION SIZE	FEE	exceed 100 sheets of page	mar (avaluding alact	ronically filed come	ance or computer			
I the specification an	u urawings i				r each additional 50			

SUBMITTED BY	1~1		
Signature	Mm/3/hahard	Registration No. (Attorney/Agent) 44,301	Telephone 614-424-5612
Name (Print/Type)	William B. Richards		Date 10-06-2005

(round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1 month extension-\$60; extra claim fees-\$200

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4. OTHER FEE(S)

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